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Citation for final published version:

Rao, Biyyam Meghna 2020. Should obesity be considered a disability? The British Student Doctor Journal 4 (1) , pp. 17-25. 10.18573/bsdj.96 file

Publishers page: <https://doi.org/10.18573/bsdj.96>
<<https://doi.org/10.18573/bsdj.96>>

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Should obesity be considered a disability?

DISCUSSION

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No conflicts of interest to declare

Accepted for publication: 14.01.20

ABSTRACT

Obesity is a growing concern in the 21st century. With almost a three-fold increase in incidence since 1975 worldwide, it is important to address a new concern, should obesity be classified as a disability? This raises a series of ethical and practical issues that need to be taken into consideration when exploring the best way to provide treatment and protection in society for obese individuals. This begins with the very definition of obesity itself. It is equally important to consider how to define a disability; several models have been suggested, which further adds to the complex nature of the problem. These include the biological model, the psychosocial model and the medical model. There are many arguments for and against ruling obesity as a disability.

Should Obesity Be Considered A Disability?

According to the World Health Organization (WHO), obesity is defined as an abnormal accumulation of excess fat that presents a great risk to the health of an individual. A BMI of over 25 classifies an individual as overweight, whilst a BMI over 30 classifies them as obese. (1) Worldwide, the incidence of obesity is increasing, having nearly tripled since 1975. (2) In 2016, more than 1.9 billion adults were classed as overweight, with over 650 million considered obese. (2) The growing incidence of obesity therefore highlights the need for more discussion around whether or not obesity should be termed a disability.

A disability is defined under the Equality Act 2010 as a physical or mental impairment that has a substantial negative effect on a person's ability to complete normal daily activities, for over 12 months, where impairment is described as an abnormality in the structure and function of the body. (3) Obesity fits in with this definition of a disability, and gives rise to various arguments for and against this classification. In 2014, the European Court of Justice ruled that severe obesity could be classed as a disability if a person's ability to perform in the workplace is limited. This mainly includes the morbidly obese, defined as those with a BMI of over 40. (4, 5) This ruling followed the case of Karsten Kaltoft, a Danish child-minder who believed he was unfairly dismissed for being 'too fat' after working for the Municipality of Billund (Denmark) for 15 years. (4) After bringing a case of discrimination against his employers, the European Union Court of Justice ruled that factors that hinder "full and effective participation at work" could be treated as a disability, and therefore these individuals are protected under the European Equal Treatment Framework Directive. (4) This suggests that attitudes are already changing, with more organizations seeing obesity as a disability. By raising awareness of this ruling, we will be able to reinforce that it is unlawful to discriminate against those who are obese.

Models of Disability

The term disability can also be defined through various models, most notably, the medical model and the social model. The medical model states that a disability is a result of a disease, health condition or trauma that interferes with an individual's cognitive function or physiological ability to perform activities of daily living. (6) This definition therefore looks for a way to 'fix' the problem or at least manage it as best as possible to improve the patient's quality of life. (7)

The social model, on the other hand, is a model that has been developed by the disabled that states that the definition of a disability is not identified by the medical condition but more the attitudes of society, where there are many social barriers in place that essentially 'disable' people more than the medical condition itself. (8) The social model was developed in the 1980s and aimed to address the failure of society in considering the needs of those less able. (8) It was therefore more widely accepted by the individuals that it affects.

A newer model of disability termed the biopsychosocial model has been introduced, stating that the medical and social models are not sufficient in defining disability. It

offers a more complex classification and posits that a disability encompasses biological, psychological and social factors with complex interactions between these. (9) It is therefore argued that this is the model of disability that we should be adopting in order to provide multi-dimensional care to the affected as it combines elements from both the medical and social model and puts the patient first.

Obesity as a Disability

One of the main arguments for the classification of obesity as a disability stems from the assertion of the 2010 Equality Act that any condition that physically or mentally impairs an individual for over 12 months should be considered a disability. (3) Using this definition, obesity impairs the ability of an individual to complete their daily tasks such as tying shoelaces or climbing stairs. These difficulties last longer than 12 months and significantly hinder daily life. By this definition, obesity can be defined as a chronic condition and much like most traditional disabilities; cannot be 'cured' overnight.

Obesity as a Self-Inflicted Condition

A major argument against the classification of obesity as a disability is the claim that obesity is a 'self-inflicted' condition. This stems from the belief that overweight individuals are 'lazy' and 'undisciplined' and should not be encouraged to continue as they are. This belief may have originated from the portrayal of the obese in the media and further worsens the stigma associated with the condition. The combination of a sedentary lifestyle and an increased calorific intake accelerates the onset of obesity. Some argue that it would be unfair to classify obesity as a disability when the obese individuals have not made efforts to prevent or control their condition. By improving lifestyle factors, such as diet and exercise, obesity in most cases can be prevented or managed, although this is not an option available to those with other more classically defined physical disabilities. In addition, if individuals with other 'self-inflicted' conditions such as alcoholics and heavy drug users are not considered disabled, why then should the obese? By starting to accept obesity as a disability, we may open the gate to the classification of other 'self-inflicted' conditions as a disability, increasing their societal acceptance. This complicates an already complex topic, fuelling debate.

However, obesity is not always a 'self-inflicted' condition. For example, there are certain medical conditions where weight gain is a common side effect or presenting complaint. These include binge eating disorders, Cushing's disease and polycystic ovarian syndrome. (10) Side effects to many medications also promote weight gain and an increased appetite, including insulin, anti-psychotic medications and anti-depressants, which can all be used to treat conditions associated with an increase in weight themselves. (10) There may also be rare genetic causes, for example Prader-Willi syndrome in which obesity and Type 2 Diabetes are the most common presenting features. Moreover, patients with musculoskeletal disorders may be physically challenged and find it difficult to exercise and keep fit. Immobility puts these individuals at higher risk of becoming obese; a factor that is not necessarily within their control. In addition, those with psychosomatic disorders have a higher chance

of overeating, resorting to comfort eating, with low motivation for physical activity, acting almost as a form of self-harm.

In addition, obesity can be described as a heritable trait influenced by the complex interaction between genetics, epigenetics, metagenomics and the environment. (11) According to John Wilding, a professor of medicine at the University of Liverpool, and Vicki Mooney, executive director of the European Coalition for People Living with Obesity (EASO), 40-70% of the variability in weight is inherited. This evidences the theory that obesity is strongly influenced and controlled by epigenetics, where body weight, fat distribution and the risk of complications are not necessarily self-inflicted. (11) External factors, beyond an individual's control may be to blame for their becoming obese. Because of these factors, obesity should be classed as a disability as it is not enough to class it as a 'self-inflicted' condition alone.

Stress and Obesity

Increasing appetite and weight gain can also be the result of societal pressures. Stress and emotional brain networks result in some individuals not being able to control their food intake. Stress stimulates the release of glucocorticoids and insulin, where glucocorticoids increase the motivation for food and insulin promotes food intake, and therefore, obesity. (12) This promotes an unhealthy relationship with food and increases the chance of a 'food addiction'. (13) This addiction has been compared to that of drug users struggling to cope with their drug use, where foods high in fats and sugars stimulate similar reward centers in the brain in the same way that common illicit drugs such as methamphetamine and cocaine do. (13) This merely suggests that affected individuals need help and support in the same way others suffering from addictions do. These results have led to the argument that obesity is not always a self-inflicted condition and so should be classed as a disability.

Changing Lifestyles and Obesity

Moreover, in today's society, many people feel that their busy lifestyle do not allow them to cook wholesome nutritional meals at home. Of 2,287 young adults surveyed in a study by Escoto et al., long working hours (> 40 hours per week) were associated with a greater number of time-related beliefs and behaviors regarding healthy eating, particularly in young adult men. (14) As a consequence, the diets of these men consisted of fast food and ready meals, both of which are high in sugars and fats.

According to a study by the Centre for Diet and Activity Research in 2014, the consumption of food outside of the home has risen by almost a third. (15) This, combined with an increase in the number of fast food shops, has contributed to an 'obesogenic' environment where individuals are easily able to turn to an unhealthy alternative to healthy foods. (16) However, this study only focused on the association between the rise in fast food shops and obesity in one geographical area, and not in the country as a whole. It is important to take this into consideration when drawing conclusions.

A busier lifestyle also likely results in less time for exercise. Studies have shown that both sedentary and active individuals have reported time as being one of the biggest barriers of regular exercise, ahead of money or knowledge. (17) These arguments suggest that certain factors contributing to obesity are not within our control. Protection of these individuals would therefore create a fairer society and avoid discrimination against those affected. The classification of obesity as a disability may also motivate individuals to work harder to improve their lifestyles and avoid being classed as disabled.

Complications of Obesity

Another argument against the classification of obesity as a disability is that obesity itself is not the disability, but rather the many complications that arise from obesity lead it to becoming one. For example, according to the International Diabetes Federation (IDF), 80 per cent of people with Type 2 diabetes worldwide are overweight or obese at the time of diagnosis. This explains why obesity is considered the largest modifiable risk factors for Type 2 diabetes. (18) In addition, a study by Zheng and Chen showed that overweight and obese patients were 2.45 and 4.55 times more likely to develop knee osteoarthritis respectively. (19) Obese individuals are also more likely to develop hypertension, sleep apnea, gout, metabolic syndrome, cardiovascular incidents, gallbladder disease, gynecological problems amongst others. (20) These complications are the disabling features of obesity; therefore some argue that obesity itself should not be considered the disability. However, by recognizing obesity as a disability, interventions can be put into place earlier, before the development of further complications.

Protection of Obese Individuals

The incidence of workplace discrimination continues to increase. A recent study from Yale University has shown that there has been a 66% increase in job discrimination, where the obese are less likely to be hired when compared to other factors including ethnicity, physical disability or sexual identity. (21) Moreover, the same study showed that the obese are less likely to be promoted regardless of their skillset. Carr and Friedman found that those with a BMI over 35 were 84% more likely to report job-related discrimination as a person of average weight. (22) Moreover, several studies have shown that the obese earn lower wages than their normal-weight counterparts, especially in women involved in jobs with customer interaction. (23) By classifying obesity as a disability, individuals would be protected in the workplace under employment and discrimination law. This may reduce the stigma associated with obesity. However, the rise of an obese workforce creates a hidden cost burden from losses in productivity. According to a recent study by Tatiana et al., absenteeism due to obesity accounts for 6.5% to 12.6% of total absenteeism in the workplace, with up to 1.1 to 1.7 extra days missed annually compared to normal weight employees, contributing to an estimated \$8.65 billion per year in lost economic value in the US. (24) Further work needs to be done to protect the obese but also ensure that this loss in productivity is controlled.

On the other hand, with obesity becoming a disability, groups such as the International Size Acceptance Association and Fat Acceptance at Every Size have expressed concerns that it may open those affected to further discrimination, (25) and may hinder a person's inclination to improve their lifestyle, as it may negatively affect their mental health and increase acceptance of their condition to view it as something that they cannot change. This is one of the main problems with using the social model of disability in the case of obesity. By adopting the social model, once society has accepted that these individuals are obese, they are less likely to change their behaviour, and are more likely to carry on living an unhealthy sedentary lifestyle. This further adds to the growing problem by increasing the incidence of obesity in those it already affects. One could argue that advocates of the social model have no desire to improve their health and are therefore using this model to shift the blame on to others. By reducing individual responsibility, more individuals are likely to follow this pattern and contribute to increasing pressures in society. Moreover, a recent study by Luck-Sikorski et al. explored the opinions of 1,000 obese individuals in Germany and reported that only 38.2% agreed that obesity should be classed as a disability, where heavier participants more strongly agreed. (26) These findings support the European Court of Justice's ruling where only severe obesity should be considered a disability. However, as less than half of the German population affected agree, one could argue against the classification of obesity as a disability as it may not be in the best interest of those it affects. However, this study showed a snapshot of opinions from one European country; international studies should be conducted before any definitive conclusions are drawn.

Conclusion

Increasing numbers of individuals are being classed as 'obese' according to the World Health Organization (WHO). Nowadays, there is much debate over whether obesity should be classed as a disability with reasonable arguments both for and against the case.

In current circumstances, it is important to ensure obesity is accepted and people are not discriminated against for being obese. However, it is equally important to encourage and promote healthier lifestyles that improve individual health, since at the heart of all of these arguments, individual health should come first. This is additionally important with the need to reduce some of the strain on the NHS. By classifying obesity as a disability, we would be able to protect obese individuals in the workplace and in daily life by creating a fairer society. It would also reduce the negative connotations around obesity and may motivate individuals to further improve their lifestyle. Moreover, the European Court of Justice has already classified obesity that is severe enough to limit performance in the workplace as a disability, (4) suggesting that only those classed as morbidly obese should be protected under employment and discrimination law on a case dependent basis. As this has only been ruled in 2014, it is too soon to tell whether the right decision was made, however it is a start in recognizing obesity as the disabling condition that it is. Overall, in the coming future, it will be interesting to see where attitudes of society lie and whether a firm ruling on this debate will arise.

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[Journal DOI](#)

10.18573/issn.2514-3174

[Issue DOI](#)

10.18573/bsdj.v4i1

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